Ĺ	LWIEN	Effec	dive Octo		16749388							
CLAIMS AS FILED - PART   (Column 1) (Column 2)								SHALL ENTITY TYPE OR			OTHER THAN SMALL ENTITY	
T	OTAL CLAIMS	3	18.				1	RATE		7	RATE	FEE
R	OR		NUMBER FILED		NUMBER EXTRA			BASIC F		OP	BASIC FEE	
77	OTAL CHARGE	ABLE CLAIMS	18 minus 20⇒.		٠ حا		1	XS 9=		OR		
IN	DEPĖNDENT C	LABAS	S minus 3 =		.2		ŀ	X43=	86	┪¨¨	1000	
M	JITIPLE DEPE	NDENT CLAIM F	RESENT					-		POA		
• #	" If the difference in column 1 is less than zero, enter "O" in column 2							+145=		OR	<u> </u>	
	CLAIMS AS AMENDED - PART II								<u> 471.</u>	JOR		7040
3	3-23-05 (Column 1) (Column 2) (Column 3)								ENTITY	OR	SMALL	
<b>AMENDMENT A</b>		REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	-	RATE	ADDI- TIONAL FEE
Ş	Total	.28	Minus	-2	0	· 8	ı	AL.	200	OR	X\$18=	
AME	Independent	· 2	Minus	040	5	•		X43-	1	OR.	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=			+290=	
								TOTAL		OR	TOTAL	
	HY 2	(Column 1)		(Colum		(Column 3)		VDDIT. FEE	·	J ~	ADDIT. FEE	
AMENDMENT B	•	CLAHAS REMAINING · AFTER AMENDMENT		HIGHE NUMB PREVIOL PAED F	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	.28	Minus	-2	8		l	X\$ 9=		OR	X\$18=	-1.5
AME	Independent	2	Minus		3			X43=		OR	X86=	
	FIRST PRESE		+145=		OR	+290a						
	1.0	018	•			•	L	TOTAL DOTT, FEE			YOTAL	
	(Column 1) (Column 2) (Column 3)									1000	voor, peel	
NDMENTC		CLAUM REMANDIG AFTER AMENDACENT		PREVIOUS PAID PO	ST FR FSLY	PRESENT EXTRA	٠[	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL
9	Total	· 25	Minus	- 28	2	•	1	X\$ 9=		0	XX18e	FEE
9 L		~	Minus	-5			<b> </b>	X43=		OH	X88=	
HIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM UN												
• 11	* If the entry in column 1 is less than the entry in column 2, write "I" in column 3. ** If the "Righest Number Previously Pald For" IN THES SPACE to see than 20, error "29."									OR	+290a	
	the Teghest Num	ber Proviously Pel ber Proviously Pal	d For Di THE! Id For Di THE	S SPACE to N S SPACE In N	eta than	20, eres '29."		TOTAL DIT. FEE	لحب		DOT. FEEL	
•		or Previously Paid	Arm from G	or companions	ومهود	Africansi umuspisi	TOUR	a eu gue ebt	propriate box	en contu	mó 1.	1

Application or Docket Number